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CONFIRMATION NO. 8141

Bib Data Sheet

SERIAL NUMBER 10/625,744	FILING OR 371(c) DATE 07/23/2003 RULE	CLASS 312	GROUP ART UNIT 3637	ATTORNEY DOCKET NO. LW001
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APPLICANTS

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**** CONTINUING DATA *******This appln claims benefit of 60/464,727 04/23/2003 *Jm***** FOREIGN APPLICATIONS ********none Jm***IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 12/01/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Jm</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Portable nail salon

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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